

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38316

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

Primary Registration District No.....

St.....

Ward.....

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

Ward.....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Tomme Kern*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown 1880*

7. AGE YEARS *53* MONTHS *Unknown* DAYS *Unknown* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Clothing*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*

13. NAME *Fred Kern*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*

15. MAIDEN NAME *Catherine Nevin*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT *Mrs Tomme Kern* (ADDRESS) *4535 Lindell Blvd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cedar Rapids Iowa* DATE *11/20 1933*

19. UNDERTAKER *Arthur J. Donnelly* (ADDRESS) *3840 Lindell Blvd*

20. FILED *Nov 19 1933* *J. H. Bruck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 18 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 18 1933* to *Nov 18 1933*

I last saw him alive on *Nov 18 1933* Death is said

to have occurred on the date stated above, at *5:00 p.m.*

The principal cause of death and related causes of importance were as follows:

Ischemic heart disease Date of onset *11/17 1933*

1175 1180

Other contributory causes of importance:

Diabetes Mellitus

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify.....

(Signed) *O. V. Ambrose* M. D.

(Address) *8660 Maryland*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Ambrose

93rd Beach av